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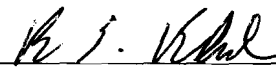
"FEE ADDRESS" INDICATION FORM**Address to:**MS M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**INSTRUCTIONS:** Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application.**When to check the first box below:** If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number.**When to check the second box below:** If a Customer Number representing the fee address has to first be established so it can then be associated with the patent and/or application number(s) you indicate. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: **60539****OR**☐ Request for Customer Number (PTO/SB/125) attached hereto
in the following listed application(s) for which the Issue Fee has been paid for patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,017,174	

Completed by (check one):

☐ Applicant/Inventor☒ Attorney or Agent of record **41,622**
(Reg. No.)☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)☐ Assignee recorded at Reel _____ Frame _____
Signature**Bruce E. Black**
Typed or printed name**(206) 262-8908**
Requester's telephone number**August 21, 2006**
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of **1** forms are submitted.